

SUMMER FOOD SERVICE PROGRAM
Columbus Recreation & Parks Department
420 West Whittier Street
Columbus, Ohio 43215

TO: Potential Summer Food Sites
FROM: Gail Turner, Summer Food Program Director
SUBJECT: **SUMMER FOOD SERVICE PROGRAM**
DATE: January 18, 2006

It is that time of year again, and we are preparing for the 2006 Summer Lunch Program for Columbus Recreation and Parks. Dates of Operation this year are June 12th - August 18th. If your site intends to participate in the Summer Lunch program, please complete and return the enclosed/attached application with your **501c3 number, proof of liability insurance and contract**. Your site will receive additional information after we receive your completed application and signed contract. Please return your application and contract by February 14, 2006 to my attention at the above address. If you're unsure at this point in time if your site will participate in the program, it is best to complete the application. Sites **WILL NOT** be added past the deadline date.

Keep in mind these points before returning the enclosed application:

- 1. You must operate a minimum of 6 weeks during the 10 weeks of the program.**
- 2. I will notify you of your serving times because the State Department must know times for reimbursement purposes. Your facility may not get your first choice for serving times.**
- 3. Your site must serve at least 30 meals per day.**
- 4. Offer our office some flexibility in scheduling delivery times.**
- 5. There must be a 3-hour time span between breakfast and lunch serving times.**
- 6. The signature on the contract MUST BE the contact person for the summer.**
- 7. ALL UNSIGNED CONTRACTS will not be accepted. Please be sure that all requested information is with your application when it's returned. Any information missing from the application will void the application.**
- 8. PAPERWORK IS DUE MONDAY 12PM FOR THE PREVIOUS WEEK. NO EXCEPTIONS.**

If you have any questions, please leave a detailed message on the Summer Food Voicemail line (645-3642). Once again, thank you for giving of your time and effort to make this program worthwhile for the children in our community.

Thank you for your support.

Gail B. Turner

Gail Turner, Summer Food Program Director

Columbus Recreation and Parks

2006 Summer Lunch Program Agency Application

Agency Name_____

Agency Address_____

Site Address _____

Phone Number at Lunch Site _____

Contact person name, phone number & email address_____

School Nearest the Lunch Site_____

***Federal 501c3 Verification #_____

Lunch Program sites must operate **a minimum of 6 weeks** of the program. The Summer Food Program operates from June 12th – August 18th.

List your dates of operation _____

Check your program's days of operation:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Meal servings times must be a minimum of 3 hours apart. Please number your **first three choices** for meal times. You must have a 3 hour break between meals. If the time you need isn't listed please add it.

Breakfast	7:30-8:00 <input type="checkbox"/>	Lunch	11:00-11:45 <input type="checkbox"/>
	8:00-8:30 <input type="checkbox"/>		11:45- 12:30 <input type="checkbox"/>
	8:30-9:00 <input type="checkbox"/>		12:30- 1:15 <input type="checkbox"/>
	9:00-9:30 <input type="checkbox"/>		

Earliest time that you can receive deliveries_____

Time your program opens for children_____

Approximate number of children you will be serving daily_____

(minimum of 30 required)

Number of children that can be fed indoors _____

Refrigeration available for lunches? Yes ☐ No ☐

Number of Adults present during meal time _____

How late is facility open for children each day _____

Describe the activities available for children_____

Please list the two closest side streets to your facility_____

**** You must attach a copy of your Agency Proof of Liability Insurance to this application.

I hereby agree to commit to the serving times and dates noted in this application. I accept all terms and conditions required by the Summer Lunch Program of Central Ohio.

Signature

Date

Return this application by February 14th to:

**Summer Lunch Program
Columbus Recreation and Parks Department
ATTENTION: Gail Turner
420 West Whittier Street
Columbus, Ohio 43215**

***** denotes important information**

City of Columbus, Ohio

Summer Food Service Program Contract

2006

This agreement is mutually acceptable to the City of Columbus, Department of Recreation and Parks (hereinafter referred to as the “**City**”), and the Summer Food Service Program provider agency (hereinafter referred to as the “**Agency**”).

Agency Name, address and phone number: _____

Site Name, address and phone number (if different from above) _____

Email address of contact person: _____

501c3 Verification # _____

This agreement binds the **City** to provide the food supplies to administer the Summer Food Program to the **Agency**. The agreement also binds the Agency to comply with all of the program regulations by committing to:

1. Serve meals, supplied by the **city's** authorized vendor, to eligible children ages 1 through 18 and for qualifying disabled participants through age 21 in accordance with United States Department of Agriculture regulations;
2. Serve meals which meet or exceed the minimum nutritional requirements of the USDA;
3. Provide adequate supervision to insure that all meals are served and consumed on site and in accordance with USDA regulations;
4. Complete and submit all daily and weekly reports as required by the **City** and the USDA. Maintain records of the daily number of meals received and served as required by the **City**;
5. Provide complete access to the **City** and USDA to inspect the **Agency** Food Service Program and record keeping system.

The **City** shall have the right to terminate this contract if the **Agency**;

- A. Fails to comply with any **City** and/or USDA Food Program regulation;
- B. Fails to comply with meal time service requirements;
- C. Fails to maintain required Food Program records and documentation;
- D. Permits any meals to be taken off site;
- E. Serves meals to anyone other than eligible participants;
- F. Habitually serves an excessive number of meals as seconds or has an excessive number of leftovers due to a failure to adjust meal orders as attendance fluctuates.

If the **City** should find a high level of meal service violations at an **Agency** location, the City shall have the right and responsibility to require corrective action and in the event that the **Agency** fails to comply with the required corrective action, this agreement may be immediately terminated by the **City**.

The **Agency** shall hold the **City** harmless for any and all claims of injury, damage or loss which may occur as a result of the **Agency's** participation in the Summer Food Service Program.

AGENCY REPRESENTATIVE:

APPROVED:

Name (Print)

Executive Director,
Department of Recreation and
Parks

Title

Signature

City Attorney